NOTICE OF FEE DUE



DATE:	D2-20-0C			-
TO:	Utility			
FROM:	Office of Initial Patent Exar	nination		;
SUBJECT:	Fee Due			
APPLICAT	TION NUMBER: 100 75	149	_	7
authorizatio	for the attached document some following reason. Please on to charge a deposit account ppropriate fee. If an authorization.	theck the applicat	tion for the approp	riate
□ Insuffici	ent fee by check			
☐ Insufficie	ent funds in deposit account			
☐ Declined	credit card		•	
□ Non auth	orization for charge to deposi	it account	•	•
□ No fee su	bmitted per requirement			
The correct for	ee code: 101	amount	<u>\$ 740</u>	
The suspende	ed fee code: 197	amount	- \$	
Fee Due		amount	=\$	
If you have an Eleanor Kurtz	y questions, please contact C at 703-308-3642.	ynthia Streater at	703-306-5430 or	
Terminal Oper	rator molla			

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

00/00.02.0060

CLAIMS AS FILED - PART I (Column 1) (Column 2)					_	SMALL ENTITY TYPE		OR	OTHER SMALL E			
TOTAL CLAIMS		6					RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		6 minus 20=		• 0			X\$ 9=	"	OR	X\$18=		
INDEPENDENT CLAIMS		9 minus 3 =		* 6			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2		TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)					(Column 3)		SMALL E	NTITY	OR	OTHER SMALL E		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	*	Minus	**		=		X\$ 9=	_	OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	T CL AIRA	-		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	OLTIPLE DE	PENUEN	I CLAIM		1	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL A (A 4	=	4	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENUEN	I CLAIM			+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)			ımn 2)	(Column 3)					
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	IT OLA III	=	١.	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF N	NULTIPLE DE	- PENUER	II CLAIN		_	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** TOTAL *							OR	TOTAL				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												